



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

**RECEIVED**

By Carol Day at 9:17 am, May 10, 2013

REPORT#7

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

|  |                           |                                |
|--|---------------------------|--------------------------------|
| ALCO SENSOR IV SN<br>030450  | PRINTER SN<br>95.1111.053 | DATE OF INSPECTION<br>05-09-13 |
| LOCATION OF INSTRUMENT (STREET AND CITY)<br>501 Faraon St. Joseph MO 64501 |                           | TIME OF INSPECTION<br>1343     |

**CHECKLIST:** Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

☒ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)

☒ TEMPERATURE OF ALCO SENSOR (1 O-C - 40-C)

☒ PRINTER WORKING PROPERLY

☒ TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

☐ SIMULATOR SOLUTION

☒ COMPRESSED ETHANOL-GAS MIXTURE

☒ STANDARD SUPPLIER Airgas LOT # AG300201 EXP. DATE 01-02-15

☐ SIMULATOR TEMPERATURE (34°C ± 0.2°C) SIMULATOR SN SIMULATOR EXP DATE

☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE

☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 w. .102

TEST 2 w. .102

TEST 3 w. .102

☒ RFI DETECTOR OPERATING

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:  
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS 0

(0-.04) 0

(.05-.09) 1

(.10-.14) 8

(.15-.19) 4

(OVER.19) 0

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

**INSPECTING OFFICER**

SIGNATURE

PRINT NAME  
Wayne Byrom

TYPE 11 PERMIT NUMBER/EXPIRATION DATE  
220103 005-09-14

TELEPHONE NUMBER  
816-271-5359

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Boulevard  
Poplar Bluff, MO 63901



Airgas Mid America (LABORATORY)

3500 Bernard Street

St. Louis, Mo. 63103

Ph: (314) 533-3100

Fax: (314) 533-7328

## Certificate of Analysis

**Customer Name**

Intoximeters, Inc.  
2081 Craig Road  
St. Louis, Mo 63146

**Test Date:** 2-Jan-2013

Dear Sir,

This is your Certificate of Analysis:

| <u>Exp. Date</u> | <u>Cyl. Type</u> | <u>Component</u> | <u>Certified Concentration</u> |
|------------------|------------------|------------------|--------------------------------|
| 1/2/2015         | 108              | Ethanol          | 0.100 $\pm$ 2% BrAC (272 ppm)  |
|                  |                  | Nitrogen         | Balance                        |

**Lot #** AG300201

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

| <u>Serial No.</u> | <u>Concentration</u> | <u>Serial No.</u> | <u>Concentration</u> |
|-------------------|----------------------|-------------------|----------------------|
| EB0010581         | 391.6 ppm            | EB0010603         | 390.9 ppm            |
| EB0010570         | 258.4 ppm            | EB0010559         | 258.3 ppm            |
| EB0010285         | 208.9 ppm            | EB0010595         | 209.2 ppm            |
| EB0010561         | 101.9 ppm            | EB0010562         | 104.9 ppm            |
| EB0010681         | 53.0 ppm             | EB0010579         | 52.4 ppm             |

**Analytical Method:** NDIR

Analyst: 

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

AS IV Serial no: 820450  
Version no: 7412

TEST RECORD 05089

Temp Date Time 2101 s/

Air Blank: 05/09/13 13:43 .000  
Calibration Check: 12 05/09/13 13:43

Subject Name

Subject I.D.

BYRON WAYNE  
Operator Name, I.D.

501 FARROW ST  
Location

ST. JOSEPH, MO 64501

PERMIT # 220103

EXP 05-07-2014

AS IV Serial no: 820450  
Version no: 7412

TEST RECORD 05070

Temp Date Time 2101 s/

Air Blank: 05/09/13 13:43 .000  
Calibration Check: 26 05/09/13 13:43 .102

Subject Name

Subject I.D.

BYRON WAYNE  
Operator Name, I.D.

501 FARROW ST  
Location

ST. JOSEPH, MO 64501

PERMIT # 220103

EXP 05-09-2014

AS IV Serial no: 820450  
Version no: 7412

TEST RECORD 05071

Temp Date Time 2101 s/

Air Blank: 05/09/13 13:52 .000  
Calibration Check: 27 05/09/13 13:52 .102

Subject Name

Subject I.D.

BYRON WAYNE  
Operator Name, I.D.

501 FARROW  
Location

ST. JOSEPH, MO 64501

PERMIT # 220103

EXP 05-09-2014

AS IV Serial no: 820450  
Version no: 7412

TEST RECORD 05072

Temp Date Time 2101 s/

Air Blank: 05/09/13 13:56 .000  
Calibration Check: 28 05/09/13 13:56 .102

Subject Name

Subject I.D.

BYRON WAYNE  
Operator Name, I.D.

501 FARROW ST  
Location

ST. JOSEPH, MO 64501

PERMIT # 220103

EXP 05-09-2014

State of Missouri  
DEPARTMENT OF HEALTH



P E R M I T  
TYPE II



WAYNE BYROM

Is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER;ALCO-SENSOR IV W/PRINTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 05/09/2012

Number 220103

Expires 05/09/2014

MO 580-0771 (7-88)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-88)